

PUBLIC VOUCHER FOR PURCHASES  
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. \_\_\_\_\_  
Bu. Vou. No. 2152

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_

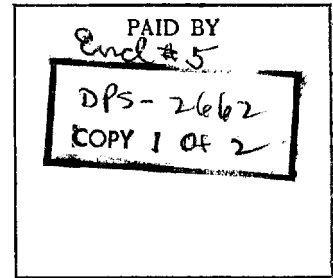
(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. \_\_\_\_\_

To \_\_\_\_\_

(Payee)



No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				38,507.	88
PAYMENT:		Use continuation sheet(s) if necessary					
Complete <input type="checkbox"/>							
Partial <input type="checkbox"/>							
Final <input type="checkbox"/>							

Shipped from \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Government B/L No. \_\_\_\_\_ Total 38,507.88

\* I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATOTHR

(Sign original only)

Differences \_\_\_\_\_

Date 7/23/58

\*Payee

(Signature not required when a like certificate is made by payee on attached bill or bills)

Per \_\_\_\_\_

Title \_\_\_\_\_

Amount verified; correct for \_\_\_\_\_

(Signature or initials) EE

38,507.88

Contract No. A-101 Date \_\_\_\_\_ Req. No. \_\_\_\_\_ Date \_\_\_\_\_ Invoice Rec'd. \_\_\_\_\_

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ \_\_\_\_\_

† \_\_\_\_\_

(Authorized Certifying Officer)

By \_\_\_\_\_

SIGN  
ORIGINAL  
ONLY

Title \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ {on Treasurer of the United States in favor of  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_ Payee \_\_\_\_\_  
(Sign original only)

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name must be written in the space provided for the signature of the payee. Example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ \_\_\_\_\_", and over his official title.

Title \_\_\_\_\_

STATOTHR

Public Voucher for Purchases and  
Services Other Than Personal

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MEMORANDUM

## CONTINUATION SHEET

U. S. COST REIMBURSABLE Sheet No. 1 of Bureau Voucher No. 2152  
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Other Costs					
		JV 038019				6,528.	92
		048019				1,817.	59
		058008				16.	30
		058061				11.	64
		058608				1,456.	72
		058613				3.	13
		058661				1,040.	52
		068008				1,006.	83
		068040				117.	00
		068060				81.	93
		068061				719.	18
		068619				(1,349.)	94
						<u>11,449.</u>	<u>82</u>

5/31/58

[illegible]

Sheet # 1

5/58/58

FORM STL - 660

FORM STL - 680

BATCH				INVOICE	PURCHASE	CHECK	PAYMENT		Vendor	GROSS	DISCOUNT	For Class	Cost Element	TR.	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.	NUMBER	ORDER	NUMBER	Mo.	Day	Number	AMOUNT					Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order	
05	06	03	8	25	14992		06	04	352					50	25	40	22	12501	5032	05	1	250
05	06	03	8	25	14952		06	04	352					50	25	40	22	12501	5032	05	1	1150
11	06	06	8	63951	45631		06	10	136					50	25	40	22	12501	5032	05	1	7200
																						8600 *
																						8600 **
Continued to Sheet # 15																						

6

5

4

3

2

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## ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE \_\_\_\_\_

6/15/58

FORM STL - 660

[illegible]

Continued to Sheet #15







7/13/58

[illegible]

Continued to Sheet #15

## ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE \_\_\_\_\_

7/13/58

FORM STL - 660

BATCH				INVOICE	PURCHASE	CHECK	PAYMENT		Vendor	GROSS	DISCOUNT	Tax	Cost	TR.	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT		
No.	Mo.	Day	Yr.	NUMBER	ORDER	NUMBER	Mo.	Day	Number	AMOUNT		Class	Element	CODE	Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order			
14	07	11	8	30	15310		07	14	352			1	50	25	40	22		12501	5032	14		1470 1470 * 1470 **		
																						Continued to Sheet # 15		

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7/13/58

Continued to Sheet #15

7/13/58

Continued to Sheet #10

7/13/58

[illegible]

Continued to Sheet #11

## ACCOUNTS PAYABLE

DATE \_\_\_\_\_

7/13/58

FORM STL - 660

Continued to Sheet # 15

Sheet #12

7/06/58

FORM STL - 660

[illegible]

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Sheet #1

## ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE \_\_\_\_\_

7/06/58

FORM STL - 660

[illegible]

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Sheet #15

THE RAMO-WOOLDRIDGE CORPORATION

## ACCOUNTS PAYABLE

WEEKLY DET DISTR DATE

7/06/58

FORM STL - 660

FORM STL - 660																						
BATCH				INVOICE	PURCHASE	CHECK	PAYMENT	Vendor	GROSS	DISCOUNT	Tax Class	Cost Element	TR.	CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.	NUMBER	ORDER	NUMBER	Mo.	Day	Number	AMOUNT					Maj.	Int.	Sub.	Account	M.I.O.	S.D.	Work Order	
01	07	01	8	2767	45759		07	02	233		3	50	25	27	20	12501	5044	36			5450 5450 *	
01	07	01	8	6L-9508	45762		07	02	1860		1	50	25	40	22	12501	5044	36			9992 9992 * 15442 ** 30037 ***	
																				Sheet #1	97.00	
																				#2	86.00	
																				#3	56.39	
																				#4	292.99	
																				#5	427.00	
																				#6	57.98	
																				#7	14.70	
																				#8	168.47	
																				#11	1,408.34	
																				#12	36.52	
																				#13	5.22	
																				Total	2,950.96	
6																						
5																						
4																						
3																						
2																						

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